

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. National Democratic Club

Mailing Address 30 Ivy Street, S.E.

City Washington State DC Zip Code 20003-4071

Purpose of Disbursement

Candidate Name
CLAY JR. FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ President

State: MO District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB17.11042

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	6

Amount of Each Disbursement this Period

286.53

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Nick Lampson for CongressMailing Address 450 M.L. King, Jr. Pkwy.
The Mildred Building

City Beaumont State TX Zip Code 77701

Purpose of Disbursement
DonationCandidate Name
CLAY JR. FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ President

State: TX District: 09

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB17.11087

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	6

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Richard Pecantte

Mailing Address 245 4th Street, SW

City Washington State DC Zip Code 20024

Purpose of Disbursement
CanvassingCandidate Name
CLAY JR. FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ President

State: MO District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB17.11049

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	6

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3286.53

TOTAL This Period (last page this line number only)